PONTIFICIA
UNIVERSIDAD CATÓLICA
DE PUERTO RICO

School of Medical Technology Letter of Recommendation

Student name

____

Course Num: ____

Right of access to the information

☐ I waive my right to know the content of this letter of recommendation.

☐ I do not waive my right to know the content of this letter of recommendation.

____
Student 's signature

To the evaluator: Write the number that best describes each statement.

I can truthfully say…

	Exceptional 5	Excellent 4	Good 3	Average 2	Poor 1	Not applicable 0
Leadership						
Intellectual capacity						
Motivation and perseverance to reach his/her goals						
Ability to carry out independent work						
Capacity to work in groups						
Laboratory skills						
Analytical ability						
Ability to cope under stressful, unusual or difficult situations						
Reading comprehension in english						
Works accurately and without delay						
Probability of success in our program						

version2023

Evaluator Information:

Name: ______________________________

Institution: ______________________________

Email: ______________________________

Phone number: ______________________________

Signature: ______________________________

Please fill out this form and send it to:
tecmed@pucpr.edu
or
Pontifical Catholic University of Puerto Rico
School of Medical Technology
Admissions Committee
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Ponce, P.R. 00717-9997